



Therapeutic Behavioral Services Accountability Structure Report to the Department of Mental Health

Purpose: The goal of the Therapeutic Behavioral Services (TBS) Accountability Structure is to identify and develop a statewide practice and performance improvement structure. This structure will include outcome and utilization measures and a continuous quality improvement process that will allow the California State Department of Mental Health (CDMH) to effectively ensure that TBS are accessible, effective, and sustained for the Emily Q class members as outlined in the Court-approved TBS Plan.

The accountability structure, to be implemented by CDMH, will be accomplished through annual reports submitted by the county Mental Health Plans (MHPs). This new report utilizes a quality improvement process based on principles and accountability activities that focus on practice and service coordination, rather than compliance and disallowances. The report is designed to increase Emily Q class access to appropriate TBS services. This approach requires an interagency review of relevant data in response to four questions, utilizing a standard report format.

--Nine Point Plan, Appendix C

Directions: Please provide a brief summary of the answers to the following four questions as discussed in your local learning conversation (both Level I and Level II counties). Per the Nine Point Plan, it is the Mental Health Director's responsibility to submit the completed form. Please save this form to your computer then submit, along with a list of attendees, to TBS@dmh.ca.gov.

County MHP: Los Angeles

Date of Meeting: June 30, 2009

MHP Contact Information

Name: Olivia Celis, LCSW, MPI

A handwritten signature in black ink, appearing to read 'Olivia Celis'.

Phone Number: (213) 738-2147

Email: ocelis@dmh.lacounty.gov

Was this a: ☒ Stakeholder or a ☐ Decision-Maker meeting?

1. Are the children and youth in the county who are Emily Q class members and who would benefit from TBS, getting TBS?

1. Children who are placed in CJH were identified as group that may benefit from TBS services. Currently these children are not receiving this service. The larger picture is the broad need to provide TBS in all probation group home settings, probation placements, or home of parent where the child will be released to. Probation Staff have limited information regarding services such as TBS for this population. Along with others from DOJ such as judges, bench officers, and district attorneys, there appears to be a lack of training and education to these departments regarding TBS. Placement officers are in need of this information since these children are often difficult to place due to their emotional and behavioral difficulties that can be mitigated with a stable mental health plan that includes TBS.

2. Children in Los Angeles Unified School District are not able to receive TBS on school grounds. LA County DMH is currently working with LAUSD in establishing an MOU draft form to allow TBS in the schools. With current financial concerns and the summer schedule, it is difficult to have ongoing conversations regarding this issue at this time. The education system is burden with a growing obligation to provide basic behavioral services to some educational plans, however may not provide such service and if they do, it is limited by the coordination of services. LAUSD needs to be a part of this conversation regarding TBS in schools.

2. Are the children and youth who get TBS experiencing the intended benefits?

There is a basic understanding that TBS is a 'promising model' which has underlying principles of Cognitive Behavioral Therapy (CBT). TBS is an effective treatment option when used in conjunction with a primary therapist.

3. What alternatives to TBS are being provided in the county?

Alternative services provided in LA County may consist of: WRAP, WRAP II, FSP, FCCS, and other Intensive in home treatment, under Katie A. services.

4. What can be done to improve the use of TBS and/or alternative behavioral support services in the county?

1. Looking at the Performance Improvement Project (PIP) study to find out what LA County looks like in terms of TBS outcome.
2. Looking at under/over utilization of TBS funds and re-allocating these funds to agencies who are using TBS monies.
3. Looking at other departments such as Probation, DCFS, LAUSD for funding/resources and to increase knowledge base of services provided by these agencies.

Additional Comments:

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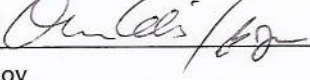
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County MHP: Los Angeles

Date of Meeting: Apr 20, 2009

MHP Contact Information

Name: Olivia Celis, LCSW, MPI  Phone Number: (213) 738-2147
Email: ocelis@dmh.lacounty.gov

Was this a: ☒ Stakeholder or a ☐ Decision-Maker meeting?

1. Are the children and youth in the county who are Emily Q class members and who would benefit from TBS, getting TBS?

1. Day Treatment clients are often not able to receive TBS due to confusion about eligibility for this population and correct procedures for writing goals and objectives on the CCCP document.
2. Clients transitioning from a higher level of care into the home or lesser level of care often cannot access TBS because they are not yet linked to a "specialty mental health service."
3. Due to a misperception that in order to be eligible for TBS services, clients must have had one psychiatric hospitalization; therefore these clients may not have been referred for services in the past.
4. Probation youths with EPSDT placed at Dorothy Kirby Residential Treatment Facility could get TBS.
5. RBS (Residential Based Service) pilot program between L.A. County DMH and L.A. County Child Welfare could possibly add TBS.

2. Are the children and youth who get TBS experiencing the intended benefits?

1. The "magic" of TBS is working with the caregiver and TBS recipient in the moment. The key is the dyadic relationship between the child and caregiver.
2. TBS works because of the nature of the "in-vivo" treatment setting. It provides "real life experience" in the home, school, after-school, and other natural settings in the community of the TBS recipient. Services are provided with respect to the recipient's and family's daily schedule.

3. What alternatives to TBS are being provided in the county?

1. DBT (Dialectical Behavioral Therapy), which is used extensively by one provider with case manager and TBS coach; all staff at that provider have been trained in this treatment model. Results indicated a decrease in property damage after the program had been implemented.
2. FSP (Full Service Partnership)-MHSA (Mental Health Services Act)
3. WRAPAROUND
4. RBS Pilot program where DCFS clients living in a level 12 or 14 placement may have a shorten residential treatment stay through the use of a stable and consistent treatment team transitioning with them into the community.
5. Katie A. Specialized Foster Care program where case managers are able to provide rehabilitative services (procedure code H2015) to clients in the home or community.

4. What can be done to improve the use of TBS and/or alternative behavioral support services in the county?

1. Providers' requests for clarification on TBS admission criteria and procedures indicate a need for further training.
2. The confusion about the process and parameters for providing TBS to Day Treatment participants suggests another need for further training.

Ex: There are various authorizations needed for services and this varies by county and is difficult at times. One suggested solution was to develop a uniform authorization process for Day Treatment and TBS.

3. L.A. County DMH provide extra training in TBS criteria for new providers.
4. Develop outreach and engagement strategies for families who may be resistant to TBS services.
 - a. Provision for parent participation in multi-family group.
 - b. Child Welfare staff could assist in providing engagement dialogue to caregiver before the client goes to the group/foster home to increase TBS engagement.
 - c. Parents, whose children are recipients and/or potential recipients of TBS, who met with other parents utilizing TBS found it to be helpful.
5. One suggestion is to market services to DCFS and Probation staff who have youths placed in non-DMH group homes to complete the referrals for TBS.

Additional Comments:**Needs Identified:**

1. Coordination between mental health and other community agencies.
 - a. Child Welfare, Probation, LAUSD, L.A. County DMH, and Regional Center.
2. Issues to be clarified:
 - a. Can case managers be the clinical lead or act as SFPR (Single Fixed Point of Responsibility) to coordinate services for TBS?
 - b. Documentation requirements?
 - c. Other procedure codes and service delivery options, such as multi-family group and TBS?
3. Pathways to TBS.
 - a. How could TBS compliment or fit into the flow of other mental health services? (other programs such as WRAPAROUND, FSP, RBS, and Katie A. Specialized Foster Care Programs)
 - b. This suggests a need for further conversations with these other programs.

Barriers Identified:

1. Scarce resources.
2. Logistical issues:
 - a. Travel time with TBS client stepping down from a group home into a service area that is far away from the TBS providers continues to be a barrier.
 - b. Changes in coverage from full scope MediCal to HMO MediCal when moving from one placement to another makes it difficult to provide services.
3. TAY population 18-22 yr. olds are covered by EPSDT, however 22-26 yr. olds do not have EPSDT and are considered part of the adult system of care.
4. On-going issue with working in the school setting because providers do not have MOU with all L.A. County school district at this time. LAUSD does not want TBS delivered on LAUSD school sites until MOU guidelines have been developed with each school site.

How are families currently linked with TBS providers?

1. NAMI groups, parents, and other supplemental services with primary therapists usually make the referrals for services.
2. One TBS provider in Santa Clarita regularly receives referrals through the school districts SELPA (Special Education Local Planning Area).